

Contractor Performance RFP Customer Survey Questionnaire

Solicitation Number: NLM-02-100/bkl

Offeror's Name: _____

Evaluator's Name, Title, and Company/Agency Affiliation: _____

In accordance with the requirements of a solicitation issued by the National Library of Medicine Office of Acquisitions Management, the offeror is required to provide the following information in the evaluation of past performance. This information should be submitted with the offeror's proposal which is due March 20, 2002.

General Information

1. Was/Is the Offeror a Prime Contractor or Subcontractor on a current or recent contract? Explain.

2. Provide the following information on relevant contracts:

Contract Number: _____ Date Awarded: _____

Contract Type: _____ Length of Contract: _____ years

Current year of contract (first year, second year, etc.) or completion date: _____

Description of contract requirements; explain whether the Offeror was required to work collaboratively with other contractors or groups:

Contract Value

1. Original total contract amount (including cost associated with any options): _____

2. Current total contract amount: _____

3. Estimated at completion: _____

4. If award fee contract, what percent of the fee was awarded? _____

5. If incentive fee contract, were incentive fees awarded? _____

6. If Performance Based Service Contract, were incentives or demerits applicable? _____

7. Were there any cost overruns/cost underruns? _____

8. Primary cause of any change in funding: _____

Period of Performance

1. Original Schedule (assuming all options exercised):

Period	Timeframe/Dates
Base	
Option Year 1	
Option Year 2	
Option Year 3	
Option Year 4	

2. Current/Actual Schedule (assuming all options exercised):

Period	Timeframe/Dates
Base	
Option Year 1	
Option Year 2	
Option Year 3	
Option Year 4	

3. Changes to the original Schedule (number of changes and time increment):

4. Primary causes of changes (no cost extension, option to extend services, etc):

5. If applicable, reason option years were not exercised:

Please check the appropriate rating for each of the following areas of performance:

N/A=Not Applicable

U=Unsatisfactory

M=Marginal

S=Satisfactory

V=Very Good

E=Exceptional

Rate Offeror's overall performance:

Rate Offeror's overall performance:	N/A	U	M	S	V	E
1. Meeting delivery dates						
2. Timely submission of reports						
3. Quality of reports						
4. Contract Management						
5. Quality Assurance						
6. Ability to work with other contractors						
7. Qualification and training of workforce						
8. Proposed Facilities and Equipment						
9. Subcontract Management						
10. Compliance with Contractual Requirements						
11. Prioritize/schedule of work						
12. Initiative in solving problems						
13. Customer Service/Standards of good workmanship						

Please check the appropriate answer for each of the following:

1. Has action been initiated to cancel or terminate for default? Yes ____ No ____ N/A ____
2. Have there been any disputes/claims relative to the contract? Yes ____ No ____ N/A ____
3. Has a cure notice or show cause letter ever been issued? Yes ____ No ____ N/A ____
4. Given a choice, would you use this contractor again? Yes ____ No ____ N/A ____

Additional Remarks - Please identify the offeror's strengths and weaknesses as a contractor

Name/Signature: _____	Date completed: _____
Agency: _____	Your Role Relative to the Contract: _____
Address: _____	_____
_____	(ACO, Inspector, Contract Administrator, Buyer,
Phone No. _____	Quality Assurance Evaluator, Contracting Officer, etc)
Fax No. _____	

Note: If you prefer to submit information directly to the National Library of Medicine Office of Acquisitions Management, please contact Brenda Lee, Contract Specialist, at 301-496-6546. Submission by the date proposals are due would be greatly appreciated. Thank you for your time and participation.